Licensing Verification System

1426 Howe Avenue Suite 52 Sacramento, CA 95825 www.medbd.ca.gov (916) 263-2205



LICENSING \		SYSTEM (LVS) — SUBS Renewals, Cancellation			EQUEST	
				`	T 2: ()	
Subscription Service is for: →		Renewal	Cancel	lation	Change(s)	
Subscription Renewal Covers: From:						
To:	Facility Login/Pass	Facility Login/Password:				
Name of Organization: →						
Type of Facility: →	Hospital	нмо	IPA		Other	
Mailing Address: →	Department:					
	Street Address:					
	City/State/Zip:					
Contact Person: →	Name:			Title:		
Telephone/FAX: →	Telephone: FAX:					
E-mail: →	E-mail Address:					
Subscription and Subscription Renewal Rate: \$36.00 per year						
Cancerpaon and Cancerpaon Forterial Face. 400.00 per year						
Return completed forms and payment to: Medical Board of California Licensing Verification System						
1426 Howe Avenue, Suite 54						
Sacramento, CA 95825						
ATTENTION CASHIERING UNIT						
NOTE: Include Part I, II, and Part III for those qualified for 805 with payment. Forms received without payment will be returned to requestor. If you have questions regarding this form or the LVS subscription process call (916) 263-2205 or e-mail to: Webmaster@medbd.ca.gov.						
FOR MEDICAL BOARD USE ONLY						
Business Services Office, Cashiering Unit		File Stamp	Information Systems Branch			
Cashier Stamp:		Date Received:				
Cashiered By:			Data Updated By:			
Date:		Date of Update:				